

Professional Excellence Grant

Evaluation

Name	Library
Name and briefly desc Professional Excellence	cribe the event for which you received an UPLIFT ce Grant.
2. What two things that your library?	ou learned at this training do you plan to implement in
3. Did this training meet	your expectations?
4. What is the next esser	ntial training topic for you?
5. Do you have suggestion	ons for improving the grant process?

Actual Budget Spreadsheet

(Figures rounded to the nearest whole dollar)

Category	Amount Requested for Uplift Grant	Actual Amount awarded for Uplift Grant	Local Funds/Other Funds	Total Funds		
Operating Expenses						
Registration/Tuition						
Travel*						
Lodging**						
Meals***						
Other costs						
Total Request						
* Transportation lad	ging and models	will be poid accor	ding to Litab Stat	o nor		

The State Library pays	only for registrat	ion/tuition and mileage.
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Signature:		Date:
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Please return the evaluation form with required financial receipts (for credit courses, proof of registration, successful completion of the course with a grade of C or better) and claim form no later than 30 days after the event to:

K. C. Benedict, Continuing Education CoordinatorUtah State Library Division250 North 1950 West, Suite ASalt Lake City, Utah 84116-7901

Phone: 1-800-662-9152 E-mail: kbenedic@utah.gov

^{*} Transportation, lodging, and meals will be paid according to Utah State per diem allowances. Mileage: equals 36 cents per mile or reasonable airfare at actual cost..